FORM D



SEC 1972 (6-02)

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	O DO O TO PON
A. BASIC IDENTIFICATION DATA	Will Burger
1. Enter the information requested about the issuer	No.
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) GLUV CORP.	
Address of Executive Offices 250 CASSIDY LANE, RINGGOLD, 6A 30736	Telephone Number (Including Area Code) (706) 965-4588
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
DESTRIBUTORS OF LEATHER GOODS, ESPEC	cially sports gloves
Type of Business Organization	please specify): APR 2 9 2004
Actual or Estimated Date of Incorporation or Organization: Month Year	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	0549.
Copies Required: Five (5) copies of this notice must be filed with the SBC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	ly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only repethereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	
Filing Ree: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULDE) for ULDE and that have adopted this form. Issuers relying on ULDE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the faderal e appropriate federal notice will not result in a loss of an available state exemption unit filing of a federal notice.	

Persons who respond to the collection of information contained in this form are not

required to respond unless the form displays a currently valid OMB control number.

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2. Sinter the information requested for the following:
• Bach promoter of the issuer, if the issuer has been organized within the past five years;
Bach beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issue.
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(ss) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
HOOVER, JONATHAN P.
Business or Residence Address (Number and Street, City, State, Zip Code)
250 CASSIBY LANE, RINGGOLD, GA 30736
Check Box(es) that Apply: Promoter Baneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
SHEPHERD, JAMES L.
Business or Residence Address . (Number and Street, City, State, Zip Code)
250 CASSIDY LANE, RINGGOLD, GA 30736
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
INTERNATIONAL GLUV CORPORATION
Business or Realdance Address (Number and Street, City, State, Zip Code)
250 CASSIDY LANE, RINGGOLD, GA 30736
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
LANIER M. DAVENPORT SR. FAMILY TRUST
Business or Residence Address (Number and Street, City, State, Zip Code)
1140 N. 18th Street, Lanett, AL 36863
Check Box(es) that Apply: Promoter Esecutive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Stanmac Capital, LLC
Business or Residence Address (Number and Street, City, State, Zin Code)
9925 Haynes Bridge Road, Suite 200-203, Alpharetta, GA 30
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
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3. E	Does the	e offering p	ermit join	t own er shi	pofasing	le unit?			*************				No X
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0	r states	, list the na	me of the b	roker or de	aler. If me	ore than five	e (5) persoi	is to be list	ed are asso	ciated pers			
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Busin	ess or l	Residence .	Address (N	umber and	1 Street, C	ity, State, Z	ip Code)						
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(Check	"All States	" or check	individual	States)		F-F-17-411-41-41-41-41-41-41-41-41-41-41-41-41		11.41		**************	☐ Al	States
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	s
	Equity		\$ 10,700.00
	Common Preferred		
	Convertible Securities (including warrants)	\$	S
	Partnership Interests		
	Other (Specify)		
	Total	-	
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Angrenste
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1-	\$10,700.00
	Non-accredited Investors	~~	\$
	Total (for filings under Rule 504 only)		5
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		5
	Regulation A		\$
	Rule 504 equity co		\$ <u>13,000.0</u> D
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	X	<u>\$ 82.00</u>
	Printing and Engraving Costs		\$
	Legal Fees		\$ 5000,00
	Accounting Fees		s
	Engineering Fees	_	\$_
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	_	\$
	Total		\$ 5082.00

	proceeds to the Issuer.",,,,,,		•	s 5, 618.00
5,	each of the purposes shown. If the amount for a	ny purpose is not known, furnish an estimate an of the payments listed must equal the adjusted gros	d	
			Payments to Officers, Directors, & Affiliates	Payments to Others
		adjusted gross proceed to the issuer used or proposed to be used for the amount for any purpose is not known, furnish an estimate and mate. The total of the payments listed must equal the adjusted gross is response to Part C — Question 4.b above. Payments to Officers. Directors, & Payments to Affiliates Others S S S S S S S S S S S S S S S S S S S		
	Purchase, rental or leasing and installation of ma	chinery	г	□ €
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	Acquisition of other businesses (including the ve offering that may be used in exchange for the as	alue of securities involved in this sets or securities of another	<u> </u>	
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	Column Totals		\$	Z \$
	Total Payments Listed (column totals added)	mnooneaminariigaaana.maanoomoannooneaminamina	Z 's_	
15			£ 6.2 (£ 5)	
siĝ	nature constitutes an undertaking by the issuer to fu	unish to the U.S. Securities and Exchange Comm	ission, upon writte	
88	uer (Print or Type) GLUV CORP.		Date 4 (3	5/04
Ne	me of Signer (Print or Type)	Title of Signer (Print or Type)	•	
	JONATHAN P. HOOVER	PRESTDENT		

- ATTENTION ----

intentional misstatements or omissions of fact constitute federal oriminal violations. (See 18 U.S.C. 1001.)

		ativity in	ing ethics of the
1.,	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No No
	See Appendix, Column 5, for state response.		
2,	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notic D (17 CFR 239.500) at such times as required by state law.	e is filed a no	etice on Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, info issuer to offerees.	ormation fun	nished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issues of this exemption has the busden of establishing that these conditions have been satisfied.		
	isuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its authorized person.	behalf by the	undersigned
	SLUV CORP. Signature Junchan P. Howe 11	13/04	
Name ((Print or Type) Title (Print or Type)		
\subset	JONATHAN P. HOOVER PRESIDENT		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	Intend to self to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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1	Intend to non-a investor	i to sell accredited is in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
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I	Intend to sail to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				ification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									